

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES

VENDOR NAME (Business Name, Governmental Unit Name, or Individual

Name): \_\_\_\_\_

VENDOR IDENTIFICATION NUMBER (Federal ID Number or Social Security

Number): \_\_\_\_\_

DIRECT DEPOSIT INFORMATION:

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

ABA Routing Number (9 digits) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Checking Account \_\_\_\_\_ or Savings Account \_\_\_\_\_ (Mark One)

I hereby authorize the State of Iowa to initiate a deposit entry and to initiate if necessary any adjustments or debit entries for any deposit made in error to the Account Code specified above. I understand that the State of Iowa can only deposit funds into one account in one financial institution, therefore all payments made by the State of Iowa will be deposited into the account named here.

AUTHORIZED BY:

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Mail or Fax Completed Form to:  
Department of Administrative Services  
ATTN: Jim Reasoner  
Hoover State Office Building, 3<sup>rd</sup> Floor  
Des Moines, Iowa 50319  
Telephone Number: (515) 281-3802  
Fax Number: (515) 281-5277